

State of Hawaii – Insurance Division
NOTICE OF APPOINTMENT: PRODUCER ➔ LIMITED LINES PRODUCER

APPOINTER (Producer) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :
APPOINTEE (Limited Lines Producer) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named producer does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named limited lines producer.

Select class(es) of insurance:		
<input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Travel Disability <input type="checkbox"/> Travel Baggage <input type="checkbox"/> Vending Machine – Travel Baggage <input type="checkbox"/> Vending Machine – Travel Disability <input type="checkbox"/> Homeowners – Non-Commercial <input type="checkbox"/> Vehicle – Non-Commercial <input type="checkbox"/> Newspaper Accident & Sickness <input type="checkbox"/> Mortgage Life <input type="checkbox"/> Mortgage Guaranty <input type="checkbox"/> Mortgage Disability <input type="checkbox"/> Credit Unemployment <input type="checkbox"/> Guaranteed Automobile Protection (GAP) <input type="checkbox"/> Involuntary Unemployment	Motor Vehicle Rental Company: <input type="checkbox"/> Emergency Sickness Protection Program <input type="checkbox"/> Incidental Travel <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Personal Accident Insurance <input type="checkbox"/> Personal Effects Insurance <input type="checkbox"/> Roadside Assistance <input type="checkbox"/> Underinsured Motorist Insurance <input type="checkbox"/> Uninsured Motorist Insurance <input type="checkbox"/> Vehicle Related Coverage	Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

Signature of Producer or agency's designated representative	Print name of signer	Date signed
Signature of Limited Lines Producer or agency's designated representative	Print name of signer	Date signed

¹You can look up this information on our website, <http://www.ehawaii.gov/org/serv/hils>.

Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)

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